

# **Overview of the Kansas Behavioral Health Services Planning Council**

## **History and Purpose of Planning Councils**

Behavioral health planning and advisory councils (PACs) exist in every State and U.S. Territory because of the passage of federal law 99-660 in 1986, continuing through Public Law 101-639 and Public Law 102-321 in 1992. These federal laws require States and Territories to perform mental health planning in order to receive federal Block Grant funds. These laws further require that stakeholders, including consumers, their family members, and parents of children with serious emotional or behavioral disturbances, must be involved in these planning efforts through membership in the PAC.

States are required to submit yearly applications to receive federal block grant funds. This application is known as the Block Grant Plan. The Mental Health and Substance Abuse Block Grant program is administered by the Center for Mental Health Services (CMHS), which is an agency of the Substance Abuse and Mental Health Services Administration (SAMHSA). The objective of Public Law 102-321 and block grant planning, in general, is to support the State creation and expansion of comprehensive, community-based systems of care for adults with serious mental illness or substance use and children with serious emotional disturbance.

The block grant is a formula grant awarded to States based upon an allotment calculated for each fiscal year by a legislated formula. Awards are made in response to the States' applications and to the implementation reports submitted by the States for the previous fiscal year.

State applications are developed with input from the State mental health planning and advisory councils and must address the need for services among special populations, such as individuals who are homeless and those living in rural areas. The goal of the Mental Health and Substance Abuse Block Grant program is to help individuals with serious mental illnesses or substance use disorders lead independent and productive lives. The block grant program has served as an impetus in promoting and encouraging States to reduce the number of people receiving care in State psychiatric hospitals, and to develop community-based systems of care.

## **Membership Composition**

As stated previously, Public Law 102-321 is very clear about the composition of behavioral health planning councils. The federal law (42 USC [United States Code] § 300x-3 [c]) states that planning councils must contain the following people:

- Representatives from the following State agencies: Mental Health, Education, Vocational Rehabilitation, Criminal Justice, Housing, Social Services, the State Medicaid Agency, and Substance Use;
- Public and private entities concerned with the need, planning, operation, funding, and use of mental health and substance use services;

- Adults with serious mental illness and/or substance use disorders who are receiving (or have received) health services.
- Families of such adults and families of children with serious emotional disturbance and/or substance use disorders.

**Note:** The ratio of parents of children with serious emotional disturbance to other members of the council must be sufficient to provide adequate representation of such children. Most importantly, the law states that at least 51% of the members should be affiliated with constituency groups other than providers of services or State employees.

## ***Duties of the Membership***

The federal law states that the planning council is expected to do the following (see § 300-x [b]):

1. To review the Block Grant Plan and to make recommendations;.
2. To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses or substance use disorders;
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of services within the State.

### **Duty 1**

#### ***To review the Mental Health and Substance Abuse Block Grant Plan and make recommendations.***

States are required to submit yearly applications to receive block grant funds. This application is known as the Block Grant Plan. The plans are evaluated according to the criteria established in federal law and explained in the application form. The Block Grant Plan must be accompanied by a cover letter from the Chair of the planning council indicating that members of the planning council have reviewed and commented on the plan. Additionally, we are required to submit to CMHS all comments from the planning council regarding the Block Grant Plan.

Ideally, planning is a continuous process and not something that begins upon the release of the application form. The planning council and the State develop a planning timeline that clearly identifies all required tasks and corresponding responsibilities, with planning council roles clearly articulated. This type of timeline is developed by the State behavioral health planner and the planning council at the beginning of the year and includes target dates and opportunities for participation.

Current federal law stipulates a yearly planning process with rather strict implementation guidelines. The Center for Mental Health Services allows States to submit two and three year plans, but these plans must meet the implementation guidelines established in the federal law. Our State has received 3-year accreditation twice in a row. According to this law, States are evaluated on the complete implementation of the Block Grant Plan. If States are found to be out of compliance with this requirement, the federal government has the authority to withhold a portion of the mental health block grant money from the State.

## **Duty 2**

*To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses and substance use disorders.*

The membership is designed to ensure broad stakeholder representation and input into the planning, evaluation, and monitoring of mental health services. Many stakeholders are motivated by their own, or a family member's, involvement with the behavioral health system. The planning council provides a forum for a variety of advocacy interests to work together to effect change.

Advocacy, which is defined as to "speak on behalf of" or to "argue for" a person, a group, an action, or a cause, comprises a wide range of activities. The Council works closely with all state advocacy groups. The very act of serving on a planning council is a form of advocacy.

The council also works in coalition with other advocacy organizations and reform movements within the State.

## **Duty 3**

*To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health and substance use services within the state.*

This is, perhaps, the most difficult task facing the planning council because of the broadness of the mandate and the resources, time, and energy that it requires. We work closely with the Kansas Department for Aging and Disability Services to accomplish this task. Our process is considered unique as other states struggle to meet this requirement.